County: Barnwell

Facility Type: Adult Day Care

Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date TRIPLE E ADULT DAY CARE #2 Barnwell / Sole Proprietorship 24 224 SANDERS LN PO BOX 1216 BARNWELL, SC 29812-8063 FAC.#:803-259-1810 BARNWELL, SC 29812-1216 KEMP-GRANT, ARETHA FRANKLIN KEMP-GRANT, ARETHA FRANKLIN PH#: 803-259-1810

Facility Email: AFGRANT35@HOTMAIL.COM ADC-0276 / 05/31/2014

Number of Participants: 24

Totals For Facility/License Type: Adult Day Care

Number of Activities/Facilities licensed: 1 Number Licensed Units: 24

County: Barnwell

Facility Type: Habilitation R15

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date ACADEMY STREET COMMUNITY RESIDENCE Barnwell / State 241 ACADEMY ST PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS WILLISTON, SC 29853 FAC. #:803-259-7472 COLUMBIA, SC 29240-4706 WASHINGTON, MARY L PH#: 803-266-7833 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Facility Email: BJONES@BARNWELLSC.COM MR15-0177 / 06/30/2014 Barnwell / State HARLEY ROAD COMMUNITY RESIDENCE 8 226 HARLEY RD PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS WILLISTON, SC 29853 FAC. #: 803-259-7472 COLUMBIA, SC 29240-4706 WASHINGTON, MARY L PH#: 803-266-3450 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Facility Email: BJONES@BARNWELLSC.COM MR15-0198 / 06/30/2014 LEMON PARK COMMUNITY RESIDENCE Barnwell / State 95 LEMON PARK DR PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS BARNWELL, SC 29812 FAC. #:803-259-7472 COLUMBIA, SC 29240-4706 WASHINGTON, MARY L PH#: 803-259-1682 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Facility Email: BJONES@BARNWELLSC.COM MR15-0208 / 06/30/2014

Totals For Facility/License Type: Habilitation R15		
Number of Activities/Facilities licensed:3	Number Licensed Units	24

County: Barnwell

Facility Type: Hospital or Institutional General Infirmary

Facility Name County/Ownership Type
Location Street Mailing/Billing Address Licensed
Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

BARNWELL COUNTY HOSPITAL Barnwell / Corporation 53

811 REYNOLDS RD

BARNWELL, SC 29812-1555 FAC.#:803-541-4365

VALLIANT RN, MARY T PH#: 803-259-1000 RMC-BARNWELL HEALTHCARE INC

Facility Email: MVALLIANT@BCHOSPITAL.ORG HTL-0485 / 06/30/2014

Licensed Beds: General: 53 Psychiatric: 0 Rehab: 0 Substance Abuse: 0

Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: _____1 Number Licensed Units _____53

County: Barnwell

Facility Type: Nursing Home

Facility Name County/Ownership Type
Location Street Mailing/Billing Address Licensed
Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

LAUREL BAYE HEALTHCARE OF BLACKVILLE

Barnwell / Ltd. Liability

85

1612 JONES BRIDGE RD PO BOX 33

BLACKVILLE, SC 29817-3066 FAC.#:803-284-4313 BLACKVILLE, SC 29817-0033

BOWLES JR, ROBERT F PH#: 803-643-3694 LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC

Facility Email: THENSON@LAURELBAYE.COM NCF-0755 / 08/31/2014

Licensed Beds: Nursing Home: 85 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAUREL BAYE HEALTHCARE OF WILLISTON Barnwell / Ltd. Liability 44

5721 SPRINGFIELD RD PO BOX 250

WILLISTON, SC 29853-1917 FAC.#:803-266-3229 WILLISTON, SC 29853-0250

GUZMAN, CHARLES N PH#: 803-531-7771 LAUREL BAYE HEALTHCARE OF WILLISTON LLC

Facility Email: THENSON@LAURELBAYE.COM NCF-0754 / 08/31/2014

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRUITTHEALTH-BARNWELL Barnwell / Limited Liability 44

31 WREN ST 31 WREN ST

BARNWELL, SC 29812-1528 FAC.#:803-259-5547 BARNWELL, SC 29812-1528 PORTER, NANCY PH#: 803-259-5547 PRUITTHEALTH-BARNWELL LLC

Facility Email: NPORTER@UHS-PRUITT.COM NCF-0893 / 07/31/2014

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: _____3 Number Licensed Units: ____173

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May 1, 2014

South Carolina Department of Health & Environmental Control Division of Health Licensing

County: Barnwell

Facility Type: PSAD Outpatient

Facility Name

Location Street

Location City, State

Administrator/Phone

County/Ownership Type

Mailing/Billing Address

Licensed

Units

License Nbr/Expiration Date

AXIS I CENTER OF BARNWELL Barnwell / County

1644 JACKSON ST 1644 JACKSON ST

BARNWELL, SC 29812-2156 FAC.#:803-541-1245 BARNWELL, SC 29812-2156

LONG, CHERYL A PH#: 803-541-1245 BARNWELL COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE

Facility Email: PRUSH@AXIS1.ORG OTP-0040 / 11/30/2014

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Totals For Facility/License Type: PSAD Outpatient		
Number of Activities/Facilities licensed:1	Number Licensed Units	<u> </u>

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County: Barnwell

Facility Type: Renal Dialysis

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date US RENAL CARE BARNWELL DIALYSIS Barnwell / Limited Liability 15 10708 MARLBORO AVE 2400 DALLAS PKWY STE 350 BARNWELL, SC 29812-6376 FAC.#:803-541-7225 PLANO, TX 75093-4380 DCA OF BARNWELL LLC THOMAS, WANDA C PH#: 803-541-7225 Facility Email: WTHOMAS@USRENALCARE.COM ERD-0179 / 12/31/2014

Licensed Stations: Hemodialysis: 15 Peritoneal: 0

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: 1 Number Licensed Units: 15

Number of Activities/Facilities licensed in county of Barnwell # Lics: 10

Number Licensed Units: 290

Report Totals

Total Number of Activities/Facilities licensed _____10 Total Number Licensed Units: ____290